sequent examinations can be compared with this, when any changes will be at once noticed.

ON HETEROLOGOUS STRUMA OF THE KIDNEYS.

STRÜBING (*Deutsch. Arch. f. klin. Med.*, B. 43, H. 6, 599) reports two cases of struma of the kidney and reviews the literature of other reported instances of it. He sums up his conclusions by defining renal struma (which in reality springs from tissue of the supra-renal bodies) as characterized by the formation of large cysts filled with peculiar bloody and fatty contents. Viewed from a clinical standpoint it shares the characters of other malignant tumors of the kidney, and presents the same difficulties of diagnosis. In such cases the urine is usually free from abnormal constituents, but may, at times, wash down with it the contents of the cysts and softened tissue. The continued presence of serum-albumin, not due to the evacuation of a cyst, indicates a complication, whose cause is to be sought for. Both kidneys can be the seat of the new formation, though this is unusual. It will depend on the degree of injury to the secretory parenchyma, whether the series of secondary changes in the organism appear which are produced by chronic insufficiency of the renal activity. Renal struma produces metastasis. A puncture of the cyst is only to be performed for diagnostic purposes, but the question of total extirpation of the diseased kidney is to be entertained, if the struma, as is usually the case, is confined to but one kidney, and there is no reason to suppose that the secreting parenchyma of the other has been injured by inflammatory processes or the like. This radical operation should be undertaken as soon as possible, in consideration of the ability and tendency of the struma to form metastasis.

ATROPHY OF THE GASTRIC MUCOUS MEMBRANE.

GEORGE MEYER (*Münch. med. Wochenschr.*, Jan. 29, 1889, 83) has found this condition in a considerable number of stomachs, the atrophy being complete in four cases and progressing in the others. Etiologically, the atrophy arises from a chronic catarrh, which is either primary or secondary to a malignant growth or to toxic gastritis. The process may be one of two kinds. First, it may be of a degenerative nature, consisting of an infiltration of round cells, chiefly from the surface, so that the glands are forced to lie obliquely or even horizontally, and are, finally, partially obliterated and replaced by a formation of cysts, with only here and there a remnant of glandular structure. The *muscularis mucosæ* is thickened, and connective tissue projections from it extend toward the mucous surface. Secondly, the process may be of the character of a formative irritation of the intra-glandular tissue. In this the naturally scanty connective tissue grows thicker, strangles the glands, leaves a network with large meshes, and causes a disappearance of the *muscularis mucosæ*. These two processes, the parenchymatous and the cirrhotic, are often commingled. The author suggests the term "phthisis ventriculi," on the ground that the other names applied are unfitting.

The gastric wall may be of normal thickness, thinner than it should be, or greatly thickened. The author reports a case in which this last condition obtained. The process begins, as stated, usually on the free surface of the mucous membrane, leads to the formation of cysts, and, finally, to a broad band of connective tissue. All traces of the glands finally disappear. Sex appears to have little influence in its production, but it is most apt to develop in the latter years of life. Carcinoma, even in distant parts of the body, plays an important *rôle* in its etiology. The duration of the disease appears to be between nine months and two years, as nearly as can be determined. The symptoms, though not constant, are dilatation of the stomach, disappearance of the natural secretion and of mucus, diminution of the gastric movements, cardialgia. All these symptoms attend chronic gastritis, carcinoma, and neuroses.

The diagnosis is often impossible, but an important symptom is the good general condition and the absence of emaciation, which indicates more than an outward relation to progressive pernicious anæmia, especially when digestive disturbances attend the latter affection.

The prognosis is unfavorable, and therapeutics can offer little, though lavage with hydrochloric acid and arsenic may be tried.

In view of what has been said, the author deems it important, 1, that all patients with carcinoma of any organ, and who present any symptoms of pernicious anæmia, have the functions of their stomach tested; 2, that after death the organ be histologically investigated; 3, that the condition of the vagus, sympathetic, and Auerbach's and Meissner's plexus be studied.

INTERMITTENT AND LATENT ALBUMINURIA.

The following is an abstract of the conclusions drawn by DR. GEORGE JOHNSON, expressing the main points of his paper in the *British Medical Journal* of February 2, 1889, and embodying his views published in previous articles.

1. The presence of albumin in the urine, though small in amount and occasionally intermittent, is always pathological.

2. The practice of testing the urine in all, even the most trivial, ailments has revealed albuminuria in many youths and adolescents exposed to cold, wet, and over-fatigue, but who have not lived long enough for the ultimate evils of a neglected albuminuria to become developed.

3. The albuminuria of persons in apparently good health has no such special features as to require the application of such misleading terms as "physiological," "functional," "cyclical," and the "albuminuria of adolescence." It is of common occurrence in each sex and at any age.

4. In almost all instances these cases of albuminuria may be traced back to some exciting cause.

5. Nearly all cases of acute nephritis pass through the stage of intermittent albuminuria in their progress toward convalescence; and conversely, most cases of intermittent albuminuria may be traced to an acute nephritis.

6. Intermittent albuminuria, though having existed for years, is a curable condition, if only its exciting causes can be ascertained and counteracted by appropriate treatment. The neglect of such means, however, may convert it into persistent albuminuria, and this ultimately results in fatal degeneration of the kidneys.

7. Since albumin may exist in the urine of persons in apparent health, the